PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Date

September 4, 2009

originate transferous vegociants ver or 1999, to heterit sta tedation in				Complete if Known				
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/049,327-Conf. #3596				
						August 10, 2000		
				First Named Inve		Jay M. Meythaler		
For FY 2009						K.A. Cruz		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1617				
TOTAL AMOUNT OF PAYMENT		(\$) 555.00		Attorney Docket No.		UAB-15102/22		
METHOD OF PAYMENT (check all that apply)								
Check x Credit Card Money Order None Other (please identify):								
Deposit Account Name: Gifford, Krass, Sprinkle, Anderson & Citkowski, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		LING FEES		ARCH FEES	EXAMINA	ATION FEES		
8	taa (6	Small Entity	Eac (6	Small Entity	Foo (\$)	Small Entity	Fees Pa	-: 4 (C)
Application Ty	<u>rpe</u> <u>Fee (\$</u> 330	i) <u>Fee (\$)</u> 165	Fee (\$		<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	rees ra	aiu (ə)
Utility	220	110	100		140	70		
Design					170	70 85		
Plant	220	110	330					
Reissue	330	165	540	270 0	650	325	-	
Provisional	220	110	0	U	0	0		enall Entity
Fee (S) Fee								mall Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims Extra Claims Fee (\$)		s Fee (S)	Fee Paid (\$)		Mı	Multiple Dependent Claims		
- 20 or HP x =			111		Fee (\$) Fee Pa			
HP ≠ highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claim		F	ee Paid (\$)				
3 or HP = x = HP = highest number of Independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00								
SUBMITTED BY								
Signature	/Avery N. Goldstein, Ph.D./ Registration No. (Attorney/Agent) 39,204 Telephone (248) 647-6000					-6000		

Name (Print/Type) Avery N. Goldstein, Ph.D.